

likely to favour CBT-BN and so, current estimates may be considered conservative.

MM2

COST-EFFECTIVENESS OF THE HIT PROGRAMME IN PATIENTS WITH SCHIZOPHRENIA AND PERSISTENT AUDITORY HALLUCINATIONS

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OBJECTIVES: HIT, hallucination focused integrative therapy, aims at the integration of cognitive behaviour therapy with, among others, psycho-education and single-family treatment. The present study focused on the cost-effectiveness of the HIT programme in patients with schizophrenia and a history of persistent auditory hallucinations. **METHODS:** Patients were randomly assigned to two treatment arms, HIT or care as usual (CAU). The economic evaluation was performed from a societal perspective, costs, and effects of both patient groups were registered prospectively during a period of 18 months. The PANSS (Positive and Negative Syndrome Scale) was used as the primary outcome measure in the cost-effectiveness analysis. Bootstrap analyses provided additional information on the skewly distributed costs. **RESULTS:** Mean costs of patients in the HIT-group (\$18,237) were lower than the mean costs of patients who received CAU (\$21,436). The total amount of costs was influenced substantially by the costs of sheltered living accommodations, admissions in psychiatric hospitals and medication use. Costs of medication (about 10% of total costs) were relatively high in the present study, which is most likely due to increasing use of expensive atypical antipsychotics in recent years. Results of the PANSS were in favour of the HIT-group. The economic analyses indicated that the HIT-program was cost-effective in the current situation. In addition, bootstrap analyses illustrated the probable range of future variations in cost differences (−\$12,050 to +\$6,637) between both groups. **CONCLUSIONS:** The HIT-program appeared to be cost-effective in the current situation. Additional analyses indicated that future application of this intervention will in most cases lead to a reduction of societal costs.

MM3

HOSPITALIZATION RELATED TO ABUSE OF THE ELDERLY WITH DEMENTIA AND OTHER MENTAL HEALTH DISORDERS: RESOURCE USE AND COSTS

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OBJECTIVE: To examine the cost of hospital care for medical problems resulting from abuse of those aged

≥ 65 years old with Alzheimer's disease, dementia or another mental health disorder. **METHODS:** Four years of hospital discharge data (1997–2000) from 5 states were examined using ICD-9 diagnosis and E-codes to identify reason for admission due to abuse, and the relationship to the abuser. These databases were used to examine type of injury and to develop inpatient hospital costs, length of stay (LOS), physician visit profiles and disposition patterns. Medicare national fee schedules were used for physician-related unit costs. Cost estimates include accommodations, ancillary and physician services and are reported in 2003 US\$. Hospital charges were adjusted by means of a 0.61 cost-to-charge ratio. **RESULTS:** Of the 277 abuse cases identified, 78% were female. The mean age was 79 years, 83% were admitted via the Emergency Room and 96% resided in the community at time of admission. The abuser was coded as spouse/partner, child, sibling, other relative, non-relative in 37%, 28%, 2%, 18% and 15% of the cases, respectively. The mean LOS was 6 days (median: 4, range: 1–49). The mean cost per stay was \$7,875 (median: \$3,797, range: \$766–\$174,580). The hospital case fatality rate was 3%. Among survivors, 43% were discharged home (11% with home health care), 47% required additional sub-acute inpatient care (i.e., rehabilitation, skilled nursing, intermediate care), 9% were transferred to a mental health or a residential care facility and 1% signed out against medical advice. **CONCLUSIONS:** Abuse of the elderly has economic, as well as clinical consequences. Although substantial, hospital costs are but one aspect of the cost picture, as these patients require injury-related medical care beyond the hospital stay. This analysis draws attention to the potential clinical and economic ramifications arising from caregiver burden.

MM4

CHILDREN WITH ADHD (ATTENTION-DEFICIT/HYPERACTIVITY DISORDER): HEALTH CARE USE AND SOCIAL BURDEN ON THE FAMILY

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OBJECTIVES: To provide information on financial, social and mental burden borne by the families of children with ADHD. **METHODS:** A pilot-tested questionnaire was sent to all members of the Flemish ADHD society. Data are collected on disease severity (IOWA-CRS (Conners Rating Scale)), health care utilization, use of social care and other non-medical resources; and on socio-demographic and economic characteristics of the parents. Data of the ADHD-children are compared with data of their siblings, for which similar data are collected. **RESULTS:** A total of 656 questionnaires were returned (response rate 38.5%), however, the IOWA-CRS was completed in only 379 questionnaires. The mean age of the children with ADHD is 10.04 (range 3–16) and mean